



Request for Blanket Denial Letter

State of Montana Medicaid

Effective Date Requested 07 01 2012 Provider/NPI 1234567890

Client Name Kid Smith

Medicaid ID Number 5555555

Name of Insurance Company on File BCBS

Procedure Codes Requested

1. 12345
2. _____
3. _____
4. _____
5. _____

Requesting Agency Main Street Clinic

Fax Number (406) 555-1555

Contact Person Suzy Q

Contact Phone Number (406) 555-5555

Number of Pages that Follow Request 2

Fax all requests to (406) 442-0357.

Request must include an explanation of benefits (EOB) stating the services are not covered.